

## V: 2005 ARIZONA QUESTIONNAIRE

<p><b>Section 1: Health Status</b></p> <p>1.1. Would you say that in general your health is:</p> <table style="width: 100%; border: none;"> <tr><td>Excellent</td><td style="text-align: right;">1</td></tr> <tr><td>Very good</td><td style="text-align: right;">2</td></tr> <tr><td>Good</td><td style="text-align: right;">3</td></tr> <tr><td>Fair</td><td style="text-align: right;">4</td></tr> <tr><td>Poor</td><td style="text-align: right;">5</td></tr> <tr><td>Don't know/Not sure</td><td style="text-align: right;">7</td></tr> <tr><td>Refused</td><td style="text-align: right;">9</td></tr> </table>	Excellent	1	Very good	2	Good	3	Fair	4	Poor	5	Don't know/Not sure	7	Refused	9	<p>3.3. Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?</p> <table style="width: 100%; border: none;"> <tr><td>Yes</td><td style="text-align: right;">1</td></tr> <tr><td>No</td><td style="text-align: right;">2</td></tr> <tr><td>Don't know/Not sure</td><td style="text-align: right;">7</td></tr> <tr><td>Refused</td><td style="text-align: right;">9</td></tr> </table>	Yes	1	No	2	Don't know/Not sure	7	Refused	9
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<p><b>Section 2: Healthy Days</b></p> <p>2.1. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?</p> <table style="width: 100%; border: none;"> <tr><td>Number of days</td><td style="text-align: right;">— —</td></tr> <tr><td>None</td><td style="text-align: right;">8 8</td></tr> <tr><td>Don't know/Not sure</td><td style="text-align: right;">7 7</td></tr> <tr><td>Refused</td><td style="text-align: right;">9 9</td></tr> </table>	Number of days	— —	None	8 8	Don't know/Not sure	7 7	Refused	9 9	<p>3.4. About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition.</p> <table style="width: 100%; border: none;"> <tr><td>Within past yr (1-12 months ago)</td><td style="text-align: right;">1</td></tr> <tr><td>Within past 2 yrs (1-2 yrs ago)</td><td style="text-align: right;">2</td></tr> <tr><td>Within past 5 yrs (2-5 yrs ago)</td><td style="text-align: right;">3</td></tr> <tr><td>5 or more years ago</td><td style="text-align: right;">4</td></tr> <tr><td>Don't know/Not sure</td><td style="text-align: right;">7</td></tr> <tr><td>Never</td><td style="text-align: right;">8</td></tr> <tr><td>Refused</td><td style="text-align: right;">9</td></tr> </table>	Within past yr (1-12 months ago)	1	Within past 2 yrs (1-2 yrs ago)	2	Within past 5 yrs (2-5 yrs ago)	3	5 or more years ago	4	Don't know/Not sure	7	Never	8	Refused	9
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<p>2.2. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?</p> <table style="width: 100%; border: none;"> <tr><td>Number of days</td><td style="text-align: right;">— —</td></tr> <tr><td>None</td><td style="text-align: right;">8 8</td></tr> <tr><td>Don't know/Not sure</td><td style="text-align: right;">7 7</td></tr> <tr><td>Refused</td><td style="text-align: right;">9 9</td></tr> </table>	Number of days	— —	None	8 8	Don't know/Not sure	7 7	Refused	9 9	<p><b>Section 4: Exercise</b></p> <p>4.1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?</p> <table style="width: 100%; border: none;"> <tr><td>Yes</td><td style="text-align: right;">1</td></tr> <tr><td>No</td><td style="text-align: right;">2</td></tr> <tr><td>Don't know/Not sure</td><td style="text-align: right;">7</td></tr> <tr><td>Refused</td><td style="text-align: right;">9</td></tr> </table>	Yes	1	No	2	Don't know/Not sure	7	Refused	9						
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<p>2.3. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?</p> <table style="width: 100%; border: none;"> <tr><td>Number of days</td><td style="text-align: right;">— —</td></tr> <tr><td>None</td><td style="text-align: right;">8 8</td></tr> <tr><td>Don't know/Not sure</td><td style="text-align: right;">7 7</td></tr> <tr><td>Refused</td><td style="text-align: right;">9 9</td></tr> </table>	Number of days	— —	None	8 8	Don't know/Not sure	7 7	Refused	9 9	<p><b>Section 5: Diabetes</b></p> <p>5.1. Have you ever been told by a doctor that you have diabetes?</p> <table style="width: 100%; border: none;"> <tr><td>Yes</td><td style="text-align: right;">1</td></tr> <tr><td>Yes, only during pregnancy</td><td style="text-align: right;">2</td></tr> <tr><td>No</td><td style="text-align: right;">3</td></tr> <tr><td>Don't know/Not sure</td><td style="text-align: right;">7</td></tr> <tr><td>Refused</td><td style="text-align: right;">9</td></tr> </table>	Yes	1	Yes, only during pregnancy	2	No	3	Don't know/Not sure	7	Refused	9				
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<p><b>Section 3: Health Care Access</b></p> <p>Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?</p> <table style="width: 100%; border: none;"> <tr><td>Yes</td><td style="text-align: right;">1</td></tr> <tr><td>No</td><td style="text-align: right;">2</td></tr> <tr><td>Don't know/Not sure</td><td style="text-align: right;">7</td></tr> <tr><td>Refused</td><td style="text-align: right;">9</td></tr> </table>	Yes	1	No	2	Don't know/Not sure	7	Refused	9	<p><b>Section 6: Hypertension Awareness</b></p> <p>6.1. Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?</p> <table style="width: 100%; border: none;"> <tr><td>Yes</td><td style="text-align: right;">1</td></tr> <tr><td>Yes, but female told only during pregnancy</td><td style="text-align: right;">2</td></tr> <tr><td>No</td><td style="text-align: right;">3</td></tr> <tr><td>Told borderline high or pre-hypertensive</td><td style="text-align: right;">4</td></tr> <tr><td>Don't know/Not sure</td><td style="text-align: right;">7</td></tr> <tr><td>Refused</td><td style="text-align: right;">9</td></tr> </table>	Yes	1	Yes, but female told only during pregnancy	2	No	3	Told borderline high or pre-hypertensive	4	Don't know/Not sure	7	Refused	9		
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<p>3.2. Do you have one person you think of as your personal doctor or health care provider?</p> <table style="width: 100%; border: none;"> <tr><td>Yes, only one</td><td style="text-align: right;">1</td></tr> <tr><td>More than one</td><td style="text-align: right;">2</td></tr> <tr><td>No</td><td style="text-align: right;">3</td></tr> <tr><td>Don't know/Not sure</td><td style="text-align: right;">7</td></tr> <tr><td>Refused</td><td style="text-align: right;">9</td></tr> </table>	Yes, only one	1	More than one	2	No	3	Don't know/Not sure	7	Refused	9	<p>6.2. Are you currently taking medicine for your high blood pressure?</p> <table style="width: 100%; border: none;"> <tr><td>Yes</td><td style="text-align: right;">1</td></tr> <tr><td>No</td><td style="text-align: right;">2</td></tr> <tr><td>Don't know/Not sure</td><td style="text-align: right;">7</td></tr> <tr><td>Refused</td><td style="text-align: right;">9</td></tr> </table>	Yes	1	No	2	Don't know/Not sure	7	Refused	9				
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**Section 7: Cholesterol Awareness**

7.1. Blood cholesterol is a fatty substance found in the

**Section 10: Immunization**

10.1. flu shot is an influenza vaccine injected in your

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<p>blood. Have you EVER had your blood cholesterol checked?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p>arm. During the past 12 months, have you had a flu shot?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>7.2. About how long has it been since you last had your blood cholesterol checked?</p> <p>Within the past year 1</p> <p>Within the past 2 years 2</p> <p>Within the past 5 years 3</p> <p>5 or more years ago 4</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p>10.2. During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine that is sprayed in the nose is also called FluMist™.</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>7.3. Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p>10.3. Have you EVER had a pneumonia shot? A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p><b>Section 8: Cardiovascular Disease Prevalence</b></p> <p>Has a doctor, nurse, or other health professional EVER told you that you had any of the following?</p> <p>8.1. (Ever told) you had a heart attack, also called a myocardial infarction?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p><b>Section 11: Tobacco Use</b></p> <p>11.1. Have you smoked at least 100 cigarettes in your entire life?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>8.2. (Ever told) you had angina or coronary heart disease?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p>11.2. Do you now smoke cigarettes every day, some days, or not at all?</p> <p>Every day 1</p> <p>Some days 2</p> <p>Not at all 3</p> <p>Refused 9</p>
<p>8.3. (Ever told) you had a stroke?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p>11.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p><b>Section 9: Asthma</b></p> <p>9.1. Have you ever been told by a doctor, nurse, or other health professional that you had asthma?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p><b>Section 12: Alcohol Consumption</b></p> <p>12.1. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>9.2. Do you still have asthma?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	
<p>12.2. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?</p>	<p>13.3. Which one or more of the following would you say is your race?</p> <p>White 1</p>

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Days per week	1	—	—
Days in past 30 days	2	—	—
No drinks in past 30 days	8	8	8
Don't know/Not sure	7	7	7
Refused	9	9	9
12.3. One drink is equivalent to a 12 ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?		13.4. Which one of these groups would you say best represents your race?	
Number of drinks	—	—	White
Don't know/Not sure	7	7	Black/African American
Refused	9	9	Asian
			Native Hawaiian/Other Pacific Islander
			American Indian, Alaska Native
			Other
			Don't know/Not sure
			Refused
12.4. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one occasion?		13.5. Are you:	
Number of times	—	—	Married
None	8	8	Divorced
Don't know/Not sure	7	7	Widowed
Refused	9	9	Separated
			Never been married
			Member of an unmarried couple
			Refused
12.5. During the past 30 days, what is the largest number of drinks you had on any occasion?		13.6. How many children less than 18 years of age live in your household ?	
Number	—	—	Number of children
Don't know/Not sure	7	7	None
Refused	9	9	Refused
<b>Section 13: Demographics</b>		13.7. What is the highest grade or year of school you completed?	
13.1. What is your age			≤ Kindergarten
Code age in years	—	—	Elementary
Don't know/Not sure	0	7	Some high school
Refused	0	9	High school graduate
			Some college/tech school
			College graduate
			Refused
13.2. Are you Hispanic or Latino?		13.8. Are you currently:	
Yes	1		Employed for wages
No	2		Self-employed
Don't know/Not sure	7		Out of work for more than 1 year
Refused	9		Out of work for less than 1 year
			Homemaker
			Student
			Retired
			Unable to work
			Refused

13.9. Is your annual household income from all sources:	13.17. Indicate sex of respondent
< \$10,000	Male
\$10,000 to < \$15,000	Female
\$15,000 to < \$20,000	

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16.4. Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	17.6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?
Yes 1	Per day 1 ____
No 2	Per week 2 ____
Don't know/Not sure 7	Per month 3 ____

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<p>Refused 9</p>	<p>Per year 4 <u>    </u></p> <p>Never 5 5 5</p> <p>Don't know/Not sure 7 7 7</p> <p>Refused 9 9 9</p>
<p>16.5. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p><b>Section 18: Physical Activity</b></p> <p>18.1. When you are at work, which of the following best describes what you do? Would you say</p> <p>Mostly sitting or standing 1</p> <p>Mostly walking 2</p> <p>Mostly heavy labor/physically demanding work 3</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p><b>Section 17: Fruits &amp; Vegetables</b></p> <p>17.1. How often do you drink fruit juices such as orange, grapefruit, or tomato?</p> <p>Per day 1 <u>    </u></p> <p>Per week 2 <u>    </u></p> <p>Per month 3 <u>    </u></p> <p>Per year 4 <u>    </u></p> <p>Never 5 5 5</p> <p>Don't know/Not sure 7 7 7</p> <p>Refused 9 9 9</p>	<p>18.2. Now, thinking about the moderate activities you do in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>17.2. Not counting juice, how often do you eat fruit?</p> <p>Per day 1 <u>    </u></p> <p>Per week 2 <u>    </u></p> <p>Per month 3 <u>    </u></p> <p>Per year 4 <u>    </u></p> <p>Never 5 5 5</p> <p>Don't know/Not sure 7 7 7</p> <p>Refused 9 9 9</p>	<p>18.3. How many days per week do you do these moderate activities for at least 10 minutes at a time?</p> <p>Days per week <u>    </u></p> <p>Do not do any moderate physical activity 8 8</p> <p>Don't know/Not sure 7 7</p> <p>Refused 9 9</p>
<p>17.3. How often do you eat green salad?</p> <p>Per day 1 <u>    </u></p> <p>Per week 2 <u>    </u></p> <p>Per month 3 <u>    </u></p> <p>Per year 4 <u>    </u></p> <p>Never 5 5 5</p> <p>Don't know/Not sure 7 7 7</p> <p>Refused 9 9 9</p>	<p>18.4. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?</p> <p>Hours and minutes per day <u>    </u> <u>    </u></p> <p>Don't know/Not sure 7 7 7</p> <p>Refused 9 9 9</p>
<p>17.4. How often do you eat potatoes not including French fries, fried potatoes, or potato chips?</p> <p>Per day 1 <u>    </u></p> <p>Per week 2 <u>    </u></p> <p>Per month 3 <u>    </u></p> <p>Per year 4 <u>    </u></p> <p>Never 5 5 5</p> <p>Don't know/Not sure 7 7 7</p> <p>Refused 9 9 9</p>	<p>18.5. Now, thinking about the vigorous activities you do in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>17.5. How often do you eat carrots?</p> <p>Per day 1 <u>    </u></p> <p>Per week 2 <u>    </u></p> <p>Per month 3 <u>    </u></p> <p>Per year 4 <u>    </u></p> <p>Never 5 5 5</p> <p>Don't know/Not sure 7 7 7</p> <p>Refused 9 9 9</p>	<p>18.6. How many days per week do you do these vigorous activities for at least 10 minutes at a time?</p> <p>Days per week <u>    </u></p> <p>Do not do any moderate physical activity 8 8</p> <p>Don't know/Not sure 7 7</p> <p>Refused 9 9</p>
<p>18.7. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?</p> <p>Hours and minutes per day <u>    </u> <u>    </u></p> <p>Don't know/Not sure 7 7 7</p> <p>Refused 9 9 9</p>	<p><b>Module 6: Actions to Control High Blood Pressure</b></p> <p>MOD6_1. (Are you) changing your eating habits (to help lower or control your high blood pressure)?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>

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<b>Section 19: HIV/AIDS</b>	
<p>19.1. Have you EVER been tested for HIV? Do not count tests you may have had as part of a blood donation Include tests using fluid from your mouth.</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p>MOD6_2. (Are you) cutting down on salt (to help lower or control your high blood pressure)?</p> <p>Yes 1</p> <p>No 2</p> <p>Do not use salt 3</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>19.2. Not including blood donations, in what month and year was your last HIV test?</p> <p>Code month and year      <u>  </u> <u>  </u> / <u>  </u> <u>  </u> <u>  </u> <u>  </u></p> <p>Don't know/Not sure      <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u></p> <p>Refused      9 9 9 9 9 9</p>	<p>MOD6_3. (Are you) reducing alcohol use (to help lower or control your high blood pressure)?</p> <p>Yes 1</p> <p>No 2</p> <p>Do not drink 3</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>19.3. Where did you have your last HIV test—at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, or somewhere else?</p> <p>Private doctor or HMO 01</p> <p>Counseling and testing site 02</p> <p>Hospital 03</p> <p>Clinic 04</p> <p>In a jail or prison 05</p> <p>Home 06</p> <p>Somewhere else 07</p> <p>Drug treatment facility 08</p> <p>Don't know/Not sure 77</p> <p>Refused 99</p>	<p>MOD6_4. (Are you) exercising (to help lower or control your high blood pressure)?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>19.4. I am going to read you a list (*at end). When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p>MOD6_5. (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<b>Section 20: Emotional Support &amp; Life Satisfaction</b>	
<p>20.1. How often do you get the social and emotional support you need?</p> <p>Always 1</p> <p>Usually 2</p> <p>Sometimes 3</p> <p>Rarely 4</p> <p>Never 5</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p>MOD6_6. (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)?</p> <p>Yes 1</p> <p>No 2</p> <p>Do not use salt 3</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>20.2. In general, how satisfied are you with your life?</p> <p>Very satisfied 1</p> <p>Satisfied 2</p> <p>Dissatisfied 3</p> <p>Very dissatisfied 4</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p>MOD6_7. (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)?</p> <p>Yes 1</p> <p>No 2</p> <p>Do not drink 3</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>MOD6_8. (Ever advised you to) exercise (to help lower or control your high blood pressure)?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p>MOD9_3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?</p> <p>Number of visits      <u>  </u> <u>  </u></p> <p>None 8 8</p> <p>Don't know/Not sure 9 8</p> <p>Refused 9 9</p>
<p>MOD6_9. (Ever advised you to) take medication (to help</p>	<p>MOD9_4. During the past 12 months, how many times</p>

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<p>lower or control your high blood pressure)?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p>did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms?</p> <p>Number of visits</p> <p>None 8 8</p> <p>Don't know/Not sure 9 8</p> <p>Refused 9 9</p>
<p>MOD6_10. Were you told on <b>two or more different visits</b> to a doctor or other health professional that you had high blood pressure?</p> <p>Yes 1</p> <p>Yes, but female told only during pregnancy 2</p> <p>No 3</p> <p>Told borderline or pre-hypertensive 4</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p>MOD9_5. During the past 12 months, how many times did you see a doctor, nurse or other health professional for a routine checkup for your asthma?</p> <p>Number of visits</p> <p>None 8 8</p> <p>Don't know/Not sure 9 8</p> <p>Refused 9 9</p>
<p><b>Module 8: Influenza</b></p> <p>MOD8_1. Where did you go to get your most recent flu shot / vaccine that was sprayed in your nose/vaccination (whether it was a shot or spray in your nose)?</p> <p>Dr's office or HMO 1</p> <p>Health department 2</p> <p>Another type of clinic or health center 3</p> <p>Senior, recreation, or community center 4</p> <p>Store 5</p> <p>Hospital 6</p> <p>Emergency room 7</p> <p>Workplace 8</p> <p>Other kind of place 9</p> <p>Received in Canada/Mexico 10</p> <p>Don't know/Not sure 77</p> <p>Refused 99</p>	<p>MOD9_6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?</p> <p>Number of days</p> <p>None 8 8 8</p> <p>Don't know/Not sure 7 7 7</p> <p>Refused 9 9 9</p>
<p><b>Module 9: Adult Asthma History</b></p> <p>MOD9_1. How old were you when you were first told by a doctor or other health professional that you had asthma?</p> <p>Age in years 11 or older 9 7</p> <p>Age 10 or younger 9 8</p> <p>Don't know/Not sure 9 9</p> <p>Refused 9 9</p>	<p>MOD9_7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? Would you say?</p> <p>Less than once a week 1</p> <p>Once or twice a week 2</p> <p>More than 2 times a week, but not every day 3</p> <p>Every day, but not all the time 4</p> <p>Every day, all the time 5</p> <p>Not at any time 8</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>MOD9_2. During the past 12 months, have you had an episode of asthma or an asthma attack?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	

<p>MOD9_8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say?</p> <p>One or two 1</p> <p>Three to four 2</p> <p>Five 3</p> <p>Six to ten 4</p> <p>More than ten 5</p> <p>None 8</p>	<p>MOD10_4. Which <u>one or more</u> of the following would you say is the race of the child?</p> <p>White 1</p> <p>Black/African American 2</p> <p>Asian 3</p> <p>Native Hawaiian/Other Pacific Islander 4</p> <p>American Indian, Alaska Native 5</p> <p>Other 6</p> <p>Don't know/Not sure 7</p>
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Don't know/Not sure	7	Refused	9
Refused	9		
MOD9_9. During the past 30 days, how many days did you take a prescription asthma medication <b>to prevent</b> an asthma attack from occurring?		MOD10_5. Which <u>one</u> of these groups would you say best represents the child's race?	
1 to 14 days	1	White	1
15 to 24 days	2	Black/African American	2
25-30 days	3	Asian	3
Never	8	Native Hawaiian/Other Pacific Islander	4
Don't know/Not sure	7	American Indian, Alaska Native	5
Refused	9	Other	6
		Don't know/Not sure	7
		Refused	9
MOD9_10. During the past 30 days, how often did you use a prescription asthma inhaler <b>during an asthma attack</b> to stop it?		MOD10_6. How are you related to the child?	
One to four times	1	Parent	1
Five to fourteen times	2	Grandparent	2
Fifteen to twenty-nine times	3	Foster parent or guardian	3
Thirty to fifty-nine times	4	Sibling	4
Sixty to ninety-nine times	5	Other relative	5
More than 100 times	6	Not related in any way	6
Never	8	Don't know/Not sure	7
Don't know/Not sure	7	Refused	9
Refused	9		
<b>Module 10: Random Child Selection</b>		<b>Module 11: Childhood Asthma Prevalence</b>	
MOD10.1. What is the birth month and year of the " <u>Xth</u> " child?		MOD11_1. Has a doctor, nurse or other health professional EVER said that the child has asthma?	
Code month and year	<u>  </u> <u>  </u> / <u>  </u> <u>  </u> <u>  </u> <u>  </u>	Yes	1
Don't know/Not sure	<u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u>	No	2
Refused	9 9 9 9 9 9	Don't know/Not sure	7
		Refused	9
MOD10.2. Is the child a boy or a girl?		MOD11_2. Does the child still have asthma?	
Boy	1	Yes	1
Girl	2	No	2
Refused	9	Don't know/Not sure	7
		Refused	9
MOD10_3. Is the child Hispanic or Latino?		<b>Module 15: Colorectal Cancer Screening</b>	
Yes	1	MOD15.1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you EVER had this test using a home kit?	
No	2	Yes	1
Don't know/Not sure	7	No	2
Refused	9	Don't know/Not sure	7
		Refused	9

MOD15_2. How long has it been since you had your last blood stool test using a home kit?		MOD21_4. On how many visits did your doctor, nurse or other health professional recommend or discuss medication to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/Zyban/Bupropion?	
Within past year	1	Number of visits	<u>  </u> <u>  </u>
Within past 2 years	2	Don't know/Not sure	7 7
Within past 5 years	3	None	8 8
5 or more years ago	4	Refused	9 9
Don't know/Not sure	7		
Refused	9		
MOD15.3. Sigmoidoscopy and colonoscopy are exams		MOD21_5. On how many visits did your doctor or health	



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in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you EVER had either of these exams?		provider recommend or discuss methods and strategies other than medication to assist you with quitting smoking?	
Yes	1	Number of times	$\bar{7} \bar{7}$
No	2	Don't know/Not sure	$\bar{7} \bar{7}$
Don't know/Not sure	7	None	8 8
Refused	9	Refused	9 9
MOD15_4. How long has it been since you had your last sigmoidoscopy or colonoscopy?		<b>Module 22: Secondhand Smoke Policy</b>	
Within past year	1	MOD22_1. Which statement best describes the rules about smoking inside your home?	
Within past 2 years	2	Smoking not allowed anywhere inside home	1
Within past 5 years	3	Smoking allowed in some places or some times	2
Within past 10 years	4	Smoking allowed anywhere inside home	3
10 or more years ago	5	There are no rules about smoking inside home	4
Don't know/Not sure	7	Don't know/Not sure	7
Refused	9	Refused	9
<b>Module 21: Smoking Cessation</b>		MOD22_2. While working at your job, are you indoors most of the time?	
MOD21_1. About how long has it been since you last smoked cigarettes?		Yes	1
Within the past month	1	No	2
Within the past 3 months	2	Don't know/Not sure	7
Within the past 6 months	3	Refused	9
Within the past year	4		
Within the past 5 years	5		
Within the past 10 years	6		
10 or more years ago	7		
Don't know/Not sure	77		
Refused	99		
MOD21_2. In the last 12 months, how many times have you seen a doctor, nurse or other health professional to get any kind of care for yourself?		MOD22_3. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunchrooms?	
Number of times	$\bar{7} \bar{7}$	Not allowed in any public areas	1
Don't know/Not sure	$\bar{7} \bar{7}$	Allowed in some public areas	2
None	8 8	Allowed in all public areas	3
Refused	9 9	No official policy	4
		Don't know/Not sure	7
		Refused	9
MOD21_3. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider?		MOD22_4. Which of the following best describes your place of work's official smoking policy for work areas?	
Number of times	$\bar{7} \bar{7}$	Not allowed in any work areas	1
Don't know/Not sure	$\bar{7} \bar{7}$	Allowed in some work areas	2
None	8 8	Allowed in all work areas	3
Refused	9 9	No official policy	4
		Don't know/Not sure	7
		Refused	9

<b>Module 25: Sexual Violence</b>		MOD25_7. Has anyone EVER ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT SEX DID NOT OCCUR?	
MOD25_1. In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching?		Yes	1
Yes	1	No	2
No	2	Don't know/Not sure	7
Don't know/Not sure	7	Refused	9
Refused	9		
MOD25_2. In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to or without your consent?		MOD25_8. Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent?	
Yes	1	Yes	1

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No	2	No	2
Don't know/Not sure	7	Don't know/Not sure	7
Refused	9	Refused	9
MOD25_3. In the past 12 months, has anyone ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT SEX DID NOT OCCUR?		<b>Module 26: Intimate Partner Violence</b> MOD26_1. Has an intimate partner EVER THREATENED you with physical violence? This includes threatening to hit, slap, push, kick, or physically hurt you in any way.	
Yes	1	Yes	1
No	2	No	2
Don't know/Not sure	7	Don't know/Not sure	7
Refused	9	Refused	9
MOD25_4. In the past 12 months, has anyone HAD SEX with you after you said or showed that you didn't want to or without your consent?		MOD26_2. Has an intimate partner EVER hit, slapped, pushed, kicked, or physically hurt you in any way?	
Yes	1	Yes	1
No	2	No	2
Don't know/Not sure	7	Don't know/Not sure	7
Refused	9	Refused	9
MOD25_5. At the time of the most recent incident, what was your relationship to the person who [had sex-or attempted to have sex] with you after you said or showed that you didn't want to or without your consent.		MOD26_3. <u>"Other than what you have already told me about"</u> Has an intimate partner EVER ATTEMPTED physical violence against you? This includes times when they tried to hit, slap, push, kick, or otherwise physically hurt you, but they were not able to.	
Complete stranger	1	Yes	1
Person known for less than 24 hours	2	No	2
Acquaintance	3	Don't know/Not sure	7
Friend	4	Refused	9
Date	5		
Current boyfriend/girlfriend	6		
Former boyfriend/ girlfriend	7		
Spouse or live-in partner	8		
Ex-spouse or ex live-in partner	9		
Co-worker	10		
Neighbor	11		
Parent	12		
Step-parent	13		
Parent's partner	14		
Other relative	15		
Other non-relative	16		
Multiple perpetrators	17		
Don't know/Not sure	77		
Refused	99		
MOD25_6. Was the person who did this male or female?		MOD26_4. Have you EVER experienced any unwanted sex by a current or former intimate partner?	
Male	1	Yes	1
Female	2	No	2
Don't know/Not sure	7	Don't know/Not sure	7
Refused	9	Refused	9
MOD26_5. In the past 12 months, have you experienced any physical violence or had unwanted sex with an intimate partner?		AZ1_4. In the past year, have you seen a neurologist or epilepsy specialist for your epilepsy or seizure disorder?	
Yes	1	Yes	1
No	2	No	2
Don't know/Not sure	7	Don't know/Not sure	7
Refused	9	Refused	9
MOD26_6. In the past 12 months, have you had any injuries, such as bruises, cuts, scrapes, black eyes, vaginal or anal tears, or broken bones, as a result of this physical violence or unwanted sex?		AZ1_5. During the past month, to what extent has epilepsy or its treatment interfered with your normal activities like working, school, or socializing with family or friends? Would you say...	
Yes	1	Not at all	1
No	2	Slightly	2

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Don't know/Not sure	7	Moderately	3
Refused	9	Quite a bit	4
		Extremely	5
		Don't know/Not sure	7
		Refused	9
MOD26_7. At the time of the most recent incident, what was your relationship to the intimate partner who was physically violent or had unwanted sex with you?.		<b>State Added: Emergency Preparedness and Response</b>	
Boyfriend	1	AZ2_1. How well prepared do you feel your household is to handle a large-scale disaster or emergency that could have an impact of 72 hours? Would you say...	
Girlfriend	2	Very prepared	1
Former boyfriend	3	Somewhat prepared	2
Former girlfriend	4	Not very prepared	3
Male you were dating	5	Not prepared at all	4
Female you were dating	6	Preparation is not necessary	5
Husband or male live-in partner	7	Don't know/Not sure	7
Former husband or former male live-in partner	8	Refused	9
Wife or female live-in partner	9		
Former wife or former female live-in partner	10		
Other	11		
Don't know/Not sure	77		
Refused	99		
<b>State Added: Epilepsy</b>		AZ2_2. In the event of a large-scale disaster or emergency, which of the following do you have in place?	
AZ1_1. Have you ever been told by a doctor that you have a seizure disorder or epilepsy?		Emergency Supply Kit	1
Yes	1	Disaster Communication Plan	2
No	2	Disaster Evacuation Plan	3
Don't know/Not sure	7	Do not have any of the above	4
Refused	9	Don't know/Not sure	7
		Refused	9
AZ1_2. Are you currently taking any medicine to control your seizure disorder or epilepsy?			
Yes	1		
No	2		
Don't know/Not sure	7		
Refused	9		
AZ1_3. How many seizures of any type have you had in the last three months?			
None	1		
One	2		
More than one	3		
No longer have epilepsy or seizure disorder	4		
Don't know/Not sure	7		
Refused	9		

AZ2_3. Please let me know whether you strongly agree, agree, neither agree or disagree, disagree, or strongly disagree with the following statement: I know how to quickly get information about bioterrorism. "Bioterrorism" is defined as, "when a person or people spread a deadly disease, on purpose, through the air or through food or water."		AZ4_2a. In the past summer, how often have you taken any of the following measures at night to protect yourself from mosquito bites?	
Strongly agree	1	Avoided outdoor areas where you know there are mosquitoes? Would you say..	
Agree	2	Always	1
Neither agree or disagree	3	Sometimes	2
Disagree	4	Never	3
Strongly disagree	5	Don't know/Not sure	7
Don't know/Not sure	7	Refused	9
Refused	9		

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<p><b>State Added: Folic Acid</b></p> <p>AZ3_1. Do you currently take any multivitamins or supplements that contain folic acid?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p>AZ4_2b. Worn long sleeved shirts and long pants? Would you say...</p> <p>Always 1</p> <p>Sometimes 2</p> <p>Never 3</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>AZ3_2. How often do you take this multivitamin or supplement?</p> <p>Times per day 1 _ _</p> <p>Times per week 2 _ _</p> <p>Times per month 3 _ _</p> <p>Don't know/Not sure 7 7 7</p> <p>Refused 9 9 9</p>	<p>AZ4_2c. Used insect repellent on your skin or clothes? Would you say ...</p> <p>Always 1</p> <p>Sometimes 2</p> <p>Never 3</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>AZ3_3. Some health experts recommend that women take 400 micrograms of the B-vitamin folic acid every day. They recommend this for which one of the following reasons?</p> <p>To make strong bones 1</p> <p>To prevent birth defects 2</p> <p>To prevent high blood pressure 3</p> <p>Some other reason 4</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p>AZ4_3. This last summer did you remove potential mosquito breeding habitats from around your home such as standing water or water holding containers, such as pots, tires, buckets, etc.?</p> <p>Yes 1</p> <p>No 2</p> <p>Do not have water or containers around home 3</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p><b>State Added: West Nile Virus</b></p> <p>AZ4_1. During the last summer, how often did you spend 30 minutes or more outside after dark doing things like sitting, recreating, BBQ'ing or taking a walk? Would you say...</p> <p>Most evenings 1</p> <p>At least once each week 2</p> <p>Less than once a week 3</p> <p>Never 4</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p><b>* From question 19.4</b></p> <ul style="list-style-type: none"> <li>• You have used intravenous drugs in the past year.</li> <li>• You have been treated for a sexually transmitted or venereal disease in the past year.</li> <li>• You have given or received money or drugs in exchange for sex in the past year.</li> <li>• You had anal sex without a condom in the past year.</li> </ul>